

sanitation issues as well as the quality of drinking water available. From the focus group discussion, it was concluded that the National Department of Health in South Africa requires the expertise of PCDT pharmacists to provide primary healthcare services in South Africa where the need exists and where healthcare institutions and services are lacking.

**Conclusion:** The role of PCDT pharmacists in the provision of primary health care in South Africa warrants further study to provide evidence-based data. This is needed for planning purposes towards the implementation of PCDT pharmacists in the National Health Insurance (NHI) programme that South Africa is embarking on. It will also quantify and provide information on the impact PCDT pharmacists have on the South African population.

### Belgian pharmacists' first successful vaccination campaign

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**Introduction:** Since 2021, Belgian pharmacists have been authorised to prescribe influenza vaccines. After a successful debut with COVID-19 vaccinations, they were asked to participate as vaccinators in the influenza vaccination campaign of 2023/2024, aiming to increase the vaccination rates among the Belgian population. This initiative was particularly important in the post-pandemic context characterised by vaccine fatigue, hesitancy and decreased trust, especially among the at-risk younger population. It also aimed to tackle the problem that no at-risk group reached the WHO's vaccine goals, especially as vaccination numbers dropped after COVID-19.

**Method:** Pharmacists trained to administer vaccines were allowed to vaccinate in their pharmacy. They directly assessed patient risk for flu vaccination and prescribed and administered the vaccine. The cost of the vaccination was covered by a third-party payment by this public health insurance company, ensuring patients were vaccinated free of charge. The administration was registered electronically and shared with other healthcare providers. The data shared with the National Institute for Health and Disability Insurance (NIHDI) was subsequently used for trend analysis.

**Result:** 67.7% of Belgian pharmacies have already participated, collectively administering at least 292,777 flu vaccines. Pharmacists aim to complement doctor-administered vaccinations by reaching patients who might not otherwise get vaccinated for reasons such as lack of time or not having a general practitioner. Community pharmacies' unique accessibility and broad reach facilitate this. Pharmacists administered 15% of the vaccines they dispensed, with this rate increasing to around 29% in Brussels. In this first campaign of pharmacist-led vaccinations, it's notable that one-third of patients who hadn't picked up a reimbursed vaccine – reimbursement indicates they're in a risk group – from the pharmacy in the previous 3 to 5 years but got vaccinated this year did so at the pharmacy. Remarkably, in the 18-49 age group with additional risk factors, where vaccination rates are traditionally low, this figure was one in two. In Brussels, these percentages are even higher.

When focusing solely on the dispensing of flu vaccines, a 9.5% increase compared to the pre-COVID year of 2019 was observed. After COVID, the numbers dropped but have since normalised and are rising. Yet, for patients under 50 with additional risk factors, the decline has persisted.

**Conclusion:** The introduction of pharmacists as vaccinators in Belgium represents a significant step forward in increasing vaccination accessibility and coverage, especially in heavily populated areas. Their ability to vaccinate against flu and COVID, along with extended availability and no-appointment-necessary policy, has particularly benefited younger individuals and those with time constraints or without a general practitioner.

The high participation by pharmacies and their focus on at-risk groups show that this approach could effectively widen vaccine access and might enhance overall health.

This first campaign showed that many individuals who had not received a reimbursed vaccine in recent years and chose to do so this year opted for vaccination at the pharmacy. This highlights how pharmacies are reaching those who often miss out on vaccinations, especially in dense urban areas with hard-to-reach populations and a shortage of general practitioners.

### Blood pressure monitoring in community pharmacy

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**Background:** Pharmacists are able to contribute to hypertension management by educating patients on the importance of home blood pressure monitoring (HBPM).

**Purpose:** To propose pharmacist interventions supporting patient empowerment of blood pressure (BP) self-monitoring.

**Method:** A data collection sheet to assess the practice of BP self-monitoring and an action plan to facilitate patient empowerment were developed and validated. A flowchart explaining correct HBPM techniques was designed. The data collection sheet and the action plan were implemented by means of an interview with 120 participants on antihypertensive therapy recruited from 4 community pharmacies chosen by convenience sampling. During the interview, the researcher measured the participants' BP using a validated automatic upper arm BP measuring device.

**Results:** Of the total 120 participants, 55% claimed to own an automatic upper arm oscillometric HBPM device. For the participants who self-monitor BP, the researcher identified ways to improve HBPM technique, frequency, and follow-up of BP results. For the participants who do not self-monitor (45%), the benefits of HBPM and the devices available were explained by the researcher. Lack of adequate monitoring frequency was observed: 31.8% self-monitor when they remember. The technique most defaulted was bladder emptying prior to monitoring (79%). Out of the 66 participants who self-monitor, 30 participants were found to have elevated BP. Using the chi-square test, no statistical significance ( $p > 0.05$ ) was found between self-monitoring and BP reading. An action plan was devised for each participant by the researcher depending on the participant's needs, mainly addressing monitoring frequency, BP reading results and the participant's action towards home BP readings.

**Conclusion:** Interventions required by pharmacists to improve HBPM were identified. Correct BP targets must be better explained to patients by pharmacists, encouraging correct action to be taken by seeking advice from a healthcare professional when home BP readings are not within target. Pharmacists must prioritise those patients with uncontrolled BP despite self-monitoring, identifying reasons and ways to improve HBPM.

### **Espaço Saúde 360º Algarve health literacy initiative: building bridges within the community to improve the quality of life of the most vulnerable**

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**Introduction:** Health illiteracy impacts the use of health resources, leading to a burden on the national health system due to an increase in the prevalence and severity of chronic diseases and a higher number of hospitalisations; it also favours health inequalities, which are reflected in the citizens' quality of life.

A personalised health literacy program, delivered collaboratively within communities, may have the potential to transform vulnerable citizen's quality of life.

Espaço Saúde 360º Algarve' project (ESA) comprised several health literacy promotion initiatives targeted to vulnerable older citizens in the Algarve region, through a community-based innovative approach, centred on citizens' health needs and supported by local partnerships, including community pharmacies.

Activities were performed by a multidisciplinary team (psychologists, nutritionists, community pharmacists, physical education and yoga teachers, and social care professionals) and included health information and disease prevention sessions, nutrition workshops, health system navigation sessions, adapted physical activity, yoga sessions, cognitive stimulation sessions, meetings with patient associations, psychological sessions, and medicines use review (MUR) service provided by local pharmacies.

The challenge of the ESA project was to increase the quality of life by, at least, 5% for 500 participants aged over 65, with low income and low education levels.

The current study aimed to describe the interventions delivered and to assess the impact of the project on the quality of life of the population enrolled.

**Method:** The impact assessment of ESA on the participants' quality of life was carried out by an external independent academic partner, considering all the activities developed between September 2020 and June 2023.